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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	960296.95700
	First Named Inventor	Hector F. DeLuca
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method of Treatment of Type I Diabetes

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign applications numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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DECLARATION				Page 2	
<p>I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto					
<p>As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:</p>					
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Firm Name OR <input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below </div> <div> Customer Number or label </div> </div>					
Name	Registration Number	Name	Registration Number		
Herbert W. Mylius	24,578	Bruce T. Neel	37,406		
Barry E. Sammons	25,608	Michael A. Jaskolski	37,551		
Charles W. Jirauch	26,186	Richard T. Roche	38,599		
Nicholas J. Seay	27,386	Alexander B. Ching	41,669		
George E. Haas	27,642	Terri S. Flynn	41,756		
Michael J. McGovern	28,326	John T. Pienkos	42,997		
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John D. Franzini	31,356	Steven J. Wietrzny	44,402		
Janine R. Novatt	32,593	Paul D. Amrozowicz	45,264		
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<input type="checkbox"/> Additional attorney(s) and/or agents named on a supplemental priority sheet attached hereto					
<p>Please direct all correspondence to <input type="checkbox"/> Customer Number or label OR <input checked="" type="checkbox"/> Fill in correspondence</p>					
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
<p>Name of Sole or First Inventor: A petition has been filed for this unsigned inventor</p>					
Given Name	Hector	Middle Initial	F.	Family Name	DeLuca
					Suffix e.g. Jr.
Inventor's Signature					Date
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	Country	USA		Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto					

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DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any.						A petition has been filed for this unsigned inventor								
Given Name	Laura				Middle Initial		Family Name	McCary			Suffix e.g. Jr.			
Inventor's Signature											Date			
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City	Oxnard				State	CA	Zip	93030		Country	USA		Applicant Authority	
Name of Additional Joint Inventor, if any.						A petition has been filed for this unsigned inventor								
Given Name	Julia				Middle Initial	B.	Family Name	Zella			Suffix e.g. Jr.			
Inventor's Signature											Date			
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Post Office														
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Name of Additional Joint Inventor, if any.						A petition has been filed for this unsigned inventor								
Given Name					Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature											Date			
Residence:					State		Country				Citizenship			
Post Office														
Post Office														
City					State		Zip			Country			Applicant Authority	
Name of Additional Joint Inventor, if any.						A petition has been filed for this unsigned inventor								
Given Name					Middle Initial		Family Name				Suffix e.g. Jr.			
Inventor's Signature											Date			
Residence					State		Country				Citizenship			
Post Office														
Post Office														
City					State		Zip			Country			Applicant Authority	
Additional inventors are being named on supplemental sheet(s) attached hereto														